MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118752

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 506 Washington Street

3. NAME OF DECEASED (Type or Print): (First) JENNIE MAY (Middle) MITCHELL (Last) APPLEGARTH

4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/14/1876

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander A. Mitchell

14. MOTHER'S MAIDEN NAME: Drucilla (Not Known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. Wm. F. Applegarth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis	1 hour
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chronic Myocarditis	4 years
	(c) Generalized Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1949, to Sept 1, 1949, that I last saw the deceased alive on Sept 1, 1949, and that death occurred at 1.50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hugh Brown MD Cambridge Md Sept 4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/4/1949 — NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 9-8-49 — REGISTRAR'S SIGNATURE: John Mace Jr., M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
SEP 9 1949
BUREAU OF S.

C8753

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finchville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Finchville

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) W. (Last) Bailey

4. DATE OF DEATH (Month) (Day) (Year) September 18 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH January 8, 1856
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Wicomico County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Matthias Bailey
14. MOTHER'S MAIDEN NAME Mary Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Lehman L. Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Malnutrition & Senility — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:40 P. m., from the causes and on the date stated above.

SIGNATURE Frank M Anderson F.M.D. (Degree or title) ADDRESS Federalsburg Md. DATE SIGNED 9/20/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 20, 1949
NAME OF CEMETERY OR CREMATORY Methodist Church Cemetery
LOCATION (City, town, or county) (State) Mardela Springs, Maryland

DATE REC'D BY LOCAL REG. Sept 20-1949
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8754

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY in this place: 16 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary, Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Thomas (Last) Birch

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 10/27/48

9. AGE last birthday: yrs. 0; If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul J. Birch

14. MOTHER'S MAIDEN NAME: Agnes Hazel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Paul J. Birch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypochromic anemia (severe) — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteminons — ?

(c) Survey. — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pertussis - Infantile eczema

282

9

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1949, to 9/29, 1949, that I last saw the deceased alive on 9/29, 1949, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE W. J. Sanders (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 9/29/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 10/1/49; NAME OF CEMETERY OR CREMATORY Catholic Cemetery; LOCATION (City, town, or county) Secretary, Md (State)

DATE REC'D BY LOCAL REG. 10-1-49

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR Keith S. Willoughby; ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1943
BUREAU W. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18755

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural near Cambridge; LENGTH OF STAY (in this place) 7 yrs 1 m; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 203 High Street

3. NAME OF DECEASED (Type or Print): (First) May E. (Middle) (Last) Coughlin

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 19 4

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 25 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Coughlin

14. MOTHER'S MAIDEN NAME: Hester Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Hospital records Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Gastro-enteritis — Interval between onset and death: 1 wk

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1942, to September 25 1949 that I last saw the deceased alive on Sept. 25, 1949, and that death occurred at 9 pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eastern Shore Hosp Cambridge Maryland 9 / 25 /49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 9/28/1949

NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 9-29-49

REGISTRAR'S SIGNATURE: John Mace, J., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

VS. A15

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08756

CERTIFICATE OF DEATH

Reg. Dist. No. 1.1.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, Vienna; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) E. (Last) Davenport

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 4-5-'75

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hurleys Neck, Dor Co

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Peter Hughes

14. MOTHER'S MAIDEN NAME: Susan Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Wm Wyatt Coop, Vienna Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Arteriosclerotic Heart Disease — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1949, to 9/28, 1949 that I last saw the deceased alive on 9/19, 1949, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarence Meyocoux M.D. Cambridge 9/2 9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9-30-49 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park | LOCATION (City, town, or county) (State): Cambridge Md

DATE REC'D BY LOCAL REG.: Sept 30-49 | REGISTRAR'S SIGNATURE: Elizabeth W. Croft

24. FUNERAL DIRECTOR ADDRESS: Kenneth L. Thomas Cambridge, Md

VS. A15

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18757
172

Reg. Dist. No. 64

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) E. (Last) Davis

4. DATE OF DEATH (Month) September (Day) 23 (Year) 1949

5. SEX Female | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH August 17, 1877 | 9. AGE last birthday 72 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Vienna Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Frank Parker

14. MOTHER'S MAIDEN NAME Mary Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Ollie Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Carcinoma of uterus & cervix — Interval between Onset and Death: 3 months

480 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1949 to 9/23, 1949, that I last saw the deceased alive on 9/4, 1949, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Laurence Maryanov | (Degree or title) M.D. | ADDRESS 136 Race St. Cambridge, Md | DATE SIGNED 9/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept. 27, 1949 | NAME OF CEMETERY OR CREMATORY Vienna Cemetery | LOCATION (City, town, or county) (State) Vienna, Maryland

DATE REC'D BY LOCAL REG. Sept 27, 1949 | REGISTRAR'S SIGNATURE J. J. Frampton Elizabeth Craft

24. FUNERAL DIRECTOR J.J. Frampton and Son | ADDRESS Federalsburg, Md.

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08758

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylors Island
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylors Island
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) (Middle) WILLIE EDWARD HOOPER (Last)

4. DATE OF DEATH: (Month) (Day) (Year) September 14, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	7-2-1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General labor		Taylors Island, Maryland	USA

13. FATHER'S NAME: James Hooper

14. MOTHER'S MAIDEN NAME: Rosa Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Elsie Hooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 9-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-18-49	Taylors Island Cemetery	Taylors Island, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-16-1949	John Mace, Jr., M.D.	Lewis H. Bayneum, Cambridge, Md.

RECEIVED
SEP 20 1949
BUREAU V. S.

08759

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bobtown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural
STREET ADDRESS (If rural, give location) Bobtown

3. NAME OF DECEASED (Type or Print) (First) Larry (Middle) Winfield (Last) Hubbard

4. DATE OF DEATH (Month) September (Day) 28 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 23, 1949

9. AGE last birthday yrs. If under 1 year Months. 1 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theman Hubbard

14. MOTHER'S MAIDEN NAME Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT Theman Hubbard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diarrhea (non-specific)	3 days.
772.0 Antecedent cause(s)		
119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) malnutrition + avitaminosis	2 wks.
	(c) avitaminosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1949, to 9/28, 1949, that I last saw the deceased alive on 9/28, 1949, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (Degree or title) MD. ADDRESS Federalsburg Md. DATE SIGNED 9/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 29, 1949
NAME OF CEMETERY OR CREMATORY Washington Cemetery
LOCATION (City, town, or county) Hurlock, Maryland, R.F.D. (State)

DATE REC'D BY LOCAL REG. Sept 29-1949
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR J.J. Framptour and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1949
BUREAU T. S.

08760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Camb. Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elliott, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) McClain (Middle) W. (Last) Hurley
4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-23-'66
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Waterman & Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elliott, Md
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Thomas Hurley
14. MOTHER'S MAIDEN NAME Sallie Insley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. none
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 hours

443

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — ?

93d

(c) Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1949, to 9/30, 1949; that I last saw the deceased alive on 9/30, 1949, and that death occurred at 2:55 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Cambridge Md DATE SIGNED 10/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-2-49
NAME OF CEMETERY OR CREMATORY M.E. Churchyard
LOCATION (City, town, or county) Elliott (State) Md

DATE REC'D BY LOCAL REG. 10-3-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Kenneth R. Thomas ADDRESS Cambridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. S.

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08761

CERTIFICATE OF DEATH

FILM No. G 122 OCT 24 1949

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 106 Water Street

3. NAME OF DECEASED (Type or Print): (First) HILDEGARD (Middle) WEBB (Last) JONES

4. DATE OF DEATH: (Month) (Dey) (Year) Spetember 20 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/6/1906

9. AGE last birthday: 43 yrs. If under 1 year: Months / Deys; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward C. Webb

14. MOTHER'S MAIDEN NAME: Florence Childs Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Louis Barrett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
633 Immediate cause	(a) Pulmonary embolus	3 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 139b	(b) Hysterectomy: done for menorrhagia	7 days
	(c) and metrorrhagia of several years duration. D&C unsuccessful (10/24/49 ms)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1949

19b. MAJOR FINDINGS OF OPERATION: Hyperplasia of endometrium

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1949, to Sept 20, 1949, that I last saw the deceased alive on Sept 20, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: Lawrence Maryanov (Degree or title) M.D. ADDRESS: Cambridge, Md. DATE SIGNED: Sept 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/22/1949
NAME OF CEMETERY OR CREMATORY: Old Trinity Cemetery
LOCATION (City, town, or county) (State): Dorchester Co., Maryland

DATE REC'D BY LOCAL REG. 9-23-49
REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: LeCompte's Funeral Service
ADDRESS: Cambridge, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08762

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 33 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural give location) 121 Pine

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) Clash (Last) Kiah

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1949

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 9 1856

9. AGE last birthday: 93 yrs. If under 1 year: Months 2, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Madison, Dor. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Clash

14. MOTHER'S MAIDEN NAME: Leotha Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Ethel K. Jews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V D & Coronary Occlusion — Interval Between Onset and Death: ?

420.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized — 3

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1949, to Sept 26, 1949, that I last saw the deceased alive on Sept 24, 1949, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M D Cambridge Md Sept 27 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 29 1949 — NAME OF CEMETERY OR CREMATORY: Wayoh Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 9-29-49 — REGISTRAR'S SIGNATURE: John Mace J. P. — 24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. — ADDRESS: Cambridge, Md

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8763

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 Henry Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 418 Henry Street

3. NAME OF DECEASED (Type or Print): (First) LOUISA (Middle) CLARK (Last) KIRWAN

4. DATE OF DEATH: (Month) (Day) (Year) September 14 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/23/1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin Clark

14. MOTHER'S MAIDEN NAME: Louise (not known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Ormand Kirwan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral apoplexy	1 day
	(c) Carcinomia Liver	18 months

156
46 f

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 4 years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1944, to Sept 14, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 7 30 a.m., from the causes and on the date stated above.

SIGNATURE: Hugh Brown (Degree or title) M D ADDRESS: Cambridge DATE SIGNED: 9/14/49 md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/16/1949
NAME OF CEMETERY OR CREMATORY: Antioch Church Cemetery
LOCATION (City, town, or county) (State): Dor. Co., Maryland

DATE REC'D BY LOCAL REG. 9-15-49
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR / ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
SEP 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118764

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Dorco
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge md
STREET ADDRESS (If rural, give location) 47 Robin St

3. NAME OF DECEASED (Type or Print): (First) Doug (Middle) Pere (Last) Young
4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 19 49
5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4-11-49
9. AGE last birthday: 5 mo — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Cambridge md U.S.A
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Nathaniel Young
14. MOTHER'S MAIDEN NAME: Elsie Mae Sams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nathaniel Young

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Bronchopneumonia — Interval between onset and death: 5 days
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gastro-enteritis — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11 1949, to Sept 18, 1949, that I last saw the deceased alive on Sept 18, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Albert E Bunker M.D. 9 Race St. Cambridge Sept 20 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept 20
NAME OF CEMETERY OR CREMATORY: Bethel
LOCATION (City, town, or county) (State): Cambridge Md

DATE REC'D BY LOCAL REG. 9-23-49
REGISTRAR'S SIGNATURE: John Mace Jr
FUNERAL DIRECTOR
ADDRESS: Bayneuff

RECEIVED
SEP 24 1949
BUREAU V. B.

08765

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Cemetery Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Salem
STREET ADDRESS (If rural, give location) Salem RFD # 2

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) L. (Last) LANKFORD

4. DATE OF DEATH (Month) (Day) (Year) September 28, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2/22/1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dirt
11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A. Lankford
14. MOTHER'S MAIDEN NAME Mary E. Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Howard Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary heart disease - INTERVAL BETWEEN ONSET AND DEATH 3 yrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1946, to Sept 28, 1949, that I last saw the deceased alive on Sept 28, 1949, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE Albert E Bunker (Degree or title) MD ADDRESS 9 Race St., Cambridge Md DATE SIGNED 9-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/1/1949
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 10-1-49
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU T. S.

08766

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 251 Race St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 251 Race St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Massey

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Nov-29-77

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Hardware Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurel, Del.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George W. Massey

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hoet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs Virginia Reagan - Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Acute Cardiac Dilatation — Interval between onset and death: 2 hrs.

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 5 days

(c) Hemiplegia Arteriosclerosis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN): none — (COUNTY): none — (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Sept 15, 19 49, to Sept 17, 19 49, that I last saw the deceased alive on Sept 16, 19 49, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter Emerson M.D. — ADDRESS 4 Race St Cambridge Md — DATE SIGNED 9-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-20-49 — NAME OF CEMETERY, OR CREMATORY: Cambridge — LOCATION (City, town, or county): Cambridge — (State): Md.

DATE REC'D BY LOCAL REG. 9-20-49 — REGISTRAR'S SIGNATURE: John Mace Jr., M.D.

24. FUNERAL DIRECTOR: Kenneth L. Thomas — ADDRESS: Cambridge, Md.

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8767

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison
LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylors Island
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) Washington (Last) Matthews

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/15/'82

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Taylors Island

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel J. Matthews

14. MOTHER'S MAIDEN NAME: Mary Alice Ruark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: E. Oliver Matthews, Madison, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 day

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1949, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 11 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawrence Manganor, M.D. 136 Race St. - Cambridge, Md. 9/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/28/'49 — NAME OF CEMETERY OR CREMATORY: Bethlehem M.E. Churchyard — LOCATION (City, town, or county) (State): Taylors Island, Md.

DATE REC'D BY LOCAL REG. 9-29-49 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Kenneth R. Thomas, Cambridge Md.

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8768

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Dorchester County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 7 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	RICHARD	McQUAY	September	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	9/5/74	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter		Maryland	U.S.

13. FATHER'S NAME: James Thomas McQuay

14. MOTHER'S MAIDEN NAME: Sara Jane Startt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown		216-10-1052	Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447 **Immediate cause** (a) generalized arteriosclerosis

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 18, 1948 to Sept. 19, 1949 that I last saw the deceased alive on Sept. 19, 1949, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. B. Blackwelder	M.D.	Eastern Shore State Hospital	9/19/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 21 1949	Christ Cemetery	St. Michaels	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-19-49	John Mace, Jr. M.D.	Meeraman & Harrison	St. Michaels Md.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B8769

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town), OR TOWN Cambridge - Rural
LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	M.	Milligan	September	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Dorchester County, Maryland	U.S.A.

13. FATHER'S NAME: James H. Milligan
14. MOTHER'S MAIDEN NAME: Lavisa —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447 Immediate cause (a) Generalized arteriosclerosis

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hospital	Cambridge, Md.	Dorchester.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1949, to Sept. 2, 1949, that I last saw the deceased alive on Sept. 2, 1949, and that death occurred at 405 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	September 5, 1949	St. Paul Cemetery	Near Williamsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-49	Judson Mace, Jr., M.D.	J. J. Trampton & Son	Federalsburg, Md.

RECEIVED
SEP 7 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08770

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Madison
STREET ADDRESS (If rural, give location) Madison-RFD # 1

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Elizabeth (Last) Moore
4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/19/1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alexander Cox
14. MOTHER'S MAIDEN NAME Sarah Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mr. Samuel Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days.

93 d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? No.

22. I hereby certify that I attended the deceased from 9/4, 1949, to 9/6, 1949 that I last saw the deceased alive on 9/6, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 9/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/8/1949
NAME OF CEMETERY OR CREMATORY Joppa Church Cemetery
LOCATION (City, town, or county) (State) Madison, Dor. Co., Md.

DATE REC'D BY LOCAL REG. 9-16-49
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR LeCompte's Funeral Service ADDRESS Cambridge, Maryland.

Mss. 2543

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8771

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) One Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorcheste
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
STREET ADDRESS (If rural, give location) RFD # 2

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Elizabeth (Last) Robbins

4. DATE OF DEATH (Month) Sept. (Day) 3, (Year) 19 49

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 12/13/1903

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY Factory

11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Stewart

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-3282

17. INFORMANT Mr. Allen W. Robbins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 Immediate cause (a) Secondary Carcinoma of lungs — Interval between onset and death: 2 months

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of cervix

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1949 to 9/3, 1949, that I last saw the deceased alive on 9/3, 1949, and that death occurred at 2 45 p.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov (Degree or title) M.D. ADDRESS Cambridge, Md DATE SIGNED 9/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/5/1949

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 9-8-49

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge. Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
SEP 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08772

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cambridge; LENGTH OF STAY (in this place) 19 yr. 7 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Addie		Sheppard	Sept	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	June 18, 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Queen Anne Co. Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Andrew Gray	Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	-	Records State Hospital, Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Myocarditis, Chronic	1947?
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	1947?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis due to Cerebral Arteriosclerosis	1947?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 18, 1948, to Sept 11, 1949, that I last saw the deceased alive on Sept 10, 1949, and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	M.D.	Cambridge Maryland	9/11/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Sept. 14 1949	Crumpton	Crumpton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-15-49	John Mace, Jr. M.D.	Marvin V. Williams - Chestertown Md	

Kent Co. Alms House Cemetery

VS. A15

RECEIVED
SEP 16 1949
BUREAU V. S.

08773

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (in this place) all Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Edwin (Last) Smith
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Mar 12 1869
9. AGE last birthday 80 yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Fertilizer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry E. Smith
14. MOTHER'S MAIDEN NAME Mary Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Harry E. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 10 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to Sept., 1949, that I last saw the deceased alive on Sept. 6, 1949, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W C Harrison MD
ADDRESS Hurlock Md
DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Sept 9 1949
NAME OF CEMETERY OR CREMATORY Choptank
LOCATION (City, town, or county) Choptank (State) Md

DATE REC'D BY LOCAL REG. Sept 9-1949
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR F. B. Willoughby
ADDRESS Hurlock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1949
BUREAU V. S.

08774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shinners Court

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge Md
STREET ADDRESS (If rural, give location): Shinners Court

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Maggie Stanley
4. DATE OF DEATH (Month) (Day) (Year): Sept 18 1949
5. SEX: F.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 26 1929
9. AGE last birthday: yrs. — If under 1 year: Months. — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cambridge
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: David Stanley
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 215143753
17. INFORMANT: Emma Burrows

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Adenocarcinoma of rectum — 1 yr

Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: unknown
19b. MAJOR FINDINGS OF OPERATION: colostomy performed at Johns Hopkins
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1949, to Sept 18, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE: Alfred R. Wangerman — (Degree or title): MD — ADDRESS: 136 Race St, Cambridge — DATE SIGNED: 9/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept 22 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Cambridge, Md

DATE REC'D BY LOCAL REG.: 9-23-49 — REGISTRAR'S SIGNATURE: John Mace Jr. — 24. FUNERAL DIRECTOR: David H Baynum — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1919
BUREAU V. S.

M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08775

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near East New Market
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Doc.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near East New Market
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) William (Last) Stevens

4. DATE OF DEATH (Month) Sept (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 25 1874
9. AGE last birthday 77 yrs. If under 1 year Months / Days If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John W Stevens
14. MOTHER'S MAIDEN NAME Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Branch Stevens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: unknown

177
51b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes. Mellitus — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1949, to Sept 22, 1949 that I last saw the deceased alive on 9/22, 1949 and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE Frank M Anderson (Degree or title) M.D. ADDRESS Federalsburg Md. DATE SIGNED 9/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 25 1949
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REG. 9/24/49
REGISTRAR'S SIGNATURE Elizabeth C Smith
24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS

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SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08776

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 130 Pine St.

3. NAME OF DECEASED (Type or Print): (First) (Middle) BABY BOY WHEATLEY (Last)

4. DATE OF DEATH (Month) (Day) (Year): September 14, 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 9-14-49

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E Wheatley

14. MOTHER'S MAIDEN NAME: Evelyn Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James Wheatley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7730 **Immediate cause** (a) Respiratory failure — Interval Between Onset and Death: 5 Min.

Antecedent cause(s) (cause unknown)

158 **Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last** (b)

(c) (Cesarean Section 8 A.M. 9/14/49)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14/49, 19....., to 9/14/49, 19....., that I last saw the deceased alive on 9/14/49, 19....., and that death occurred at 3.25p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Wheatley — ADDRESS Cambridge, Md. — DATE SIGNED 9-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9-15-49 | NAME OF CEMETERY OR CREMATORY: Waugh Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 9-17-49 | REGISTRAR'S SIGNATURE John Mace Jr., M.D. | 24. FUNERAL DIRECTOR Herbert M. Stanley — ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 20 1949
BUREAU V. A.